

## Technical Advisory Group Meeting

February 26, 2013 1:00-2:30p

Name	Organization
Atia Amin	Network Health
Karen Bell	CCHIT
Peter Bristol	Network Health
Chris Diguette	Atrius Health
Larry Garber	Reliant Medical Group
Adrian Gropper	
Anurag Lal	EOHHS
Pat Rubalcaba	Partners Healthcare
Jason Snyder	Information Technology Division
Mark Taricco	UMass Memorial Medical Center
David Whitham	The Dimock Center
Keith Worthley	BIDMC
Joe Kynoch	MeHI
Keeley Benson	MeHI
<b>Support Staff:</b>	
Micky Tripathi	MAeHC
Mark Belanger	MAeHC
Erich Schatzlein	MAeHC
Carol Jeffery	MAeHC

### Summary of Input and Feedback from the Technology Advisory Group

- The division and sequencing of services, record location then query, is the right approach
- The HIway should clearly define who is liable for a data breach of the master person index (MPI) given that a copy of patient demographic, record location, and consent data will be housed by HIway
- Since much of the success of HIway Phase 2 services rests on the MPI, risk mitigation strategies should be determined
- There is a need to define the policy for treatment of patient demographic data
- Suggest an investigation of the LAND box for organization level consent filtering

### Review of Materials and Discussion

- The group was welcomed back from a brief meeting hiatus and reviewed the distributed materials for the Advisory Group kickoff.
- The changes for 2013, under the MA Law Chapter 224, were reviewed and the structure detail of the new HIT Council and the Advisory Groups was discussed. (Slides 2-4)

- The Advisory Groups will mirror the structure of Federal Advisory Committees and will focus on targeted issue areas. Existing volunteers from previous workgroups have been invited to participate in the Advisory Groups; membership is fluid and recruiting additional members was encouraged.
  - The purpose and objectives of the new Advisory Group will provide advice and expert opinion to the HIT Council
- The group reviewed the HIway phasing and strategy. (Slides 6-8)
  - Phase 1: Send and Receive – live since October 2012, allows the HIway to be available to all health care organizations in the State regardless of the technology in their respective offices. Phase 1 stood up the initial provider directory and associated technical components for participating organizations to send and receive messages. EOHHS and the Last Mile Program will focus on HIway operations and deployment of the HIway to health care organizations.
  - Phase 2: Search and Retrieve – creating the capability for cross-institutional queries and retrieval of patient records. Phase 2 requires detailed planning and will be the focus of this Advisory Group.
  - Question: Will the HIway be certified?
    - Answer: There isn't a definitive answer yet, but the feeling is this will happen and will be seen as an advantage for organizations utilizing the HIway for MU certification.
    - Comment: A status on the certification processes revealed that certification of vendors has just started; difficulty with tools prevented earlier attempts. There is a prediction the vendor certification will be slow process.
  - Comment: The laws impacting the HIway Phase 2 features should be reviewed, including the HIPAA accounting for disclosures and allowances for patients a view into aggregated databases through MA Law Ch224. These will be issues for the Advisory Groups to review.
  - Question: When will the HIway connect to the State Dept. of Public Health for immunization and syndromic surveillance reporting?
    - Answer: EOHHS should be asked for an update on the timetable for connecting the HIway for public health reporting.
- The three methods to connect to the Mass HIway were reviewed with a highlight to the additional features of Phase 2 added to the HIway service options. The group was reminded that Phase 2 services are not a requirement for participation in the Mass HIway. While there is an additional fee for HIway Phase 2 services, the features and functions of Phase 2 will benefit any organization in their healthcare operations. (Slide 10)
- The group discussed the components of the HIway Phase 2. (Slide 11)
  - The Master Person Index (MPI) offers probabilistic patient matching, direct matches only, utilizing the Orion Initiate system. Wildcard or fishing searches will not be allowed.

- The Consent database is actually part of the Master Person Index (MPI) but is depicted separately for discussion purposes. A patient consent is captured at the organization level and the consent status is sent to the Mass Hlway.
  - Most EHR (electronic health record) systems are not sophisticated in their ability to capture and react to patient consent. EHRs are limited in consent capture; it's a 'yes' or 'no' only without restrictions about what data will be shared by the EHR. Consent will be a topic for a future Advisory Group meeting.
- The Record Locator Service (RLS) only shows those organizations that a patient has authorized (consented) to respond to queries. The method used to respond to a query will be a decision made at each individual organization.
- Comment: Discussion regarding the 'control point' for ADT records based on patient consent status and the notion that in some cases it may be possible for an EHR to filter the sending of ADT messages to the HIE based on the patient consent status. For example: Patient's ADT with a positive consent status will be sent to the HIE for incorporation into the eMPI and RLS and those with no consent status or a negative consent status would not be sent. The filter capability will vary by EHR vendor. A decision should be made regarding the control point for the ADT messages that are allowed into the MPI/RLS based on the consent status.
- The query/retrieve methods for Phase 2 services were reviewed. (Slide 12)
  - Cross-entity viewing from one EHR into another EHR is used by a few MA healthcare organizations. Data and documents are not exchanged but a view of an individual patient (if a match is found) is displayed. This approach could be used as an interim option but is not really scalable solution.
  - Push/Push offers email-like functionality and does not require new technical solutions. This method will necessitate a workflow process at either end of the transaction but does not require new standards definitions and leverages Meaningful Use Stage 2 requirements.
  - Query/Response is a query with automated response similar to current prescription history requests or patient eligibility checking. The challenges include that there are no national standards yet identified for this process. An incremental response may be the best method to keep objectives and outcomes aligned with standards that will emerge at a national level. Legacy standards wouldn't be best approach to address query/response as the technology develops.
  - An option to add to this list is a manual response, to a specific query, which simply lists a telephone or fax number in order to contact the institution which has patient information to share. This could serve as an interim solution.
- The steps to locate a patient's record could be initially separated from the action to request and retrieve the record. This division could allow organizations to identify their best solution to respond to a record request/retrieve and for processes and standards to emerge. An emergency department request for patient data can be identified as an emergency release of patient data regardless of permission to view the data (consent). (Slide 13)

- Comment: Discussion about consent models and consideration of a global consent model to simplify the patient experience.
  - Comment: The HIway should align work with Blue Button Plus. Underlying standards are being developed and should be added to the HIE map.
- The group reviewed the specific questions included in the meeting materials. In general, the approach to Phase 2 appears to be reasonable and achievable. All agreed there are many issues to address. Specific questions and issues are noted at the beginning of these minutes. (Slide 16)
  - Comment: Expressed concerns that the MPI may be viewed as overly coercive and may not be supported by those concerned with privacy issues under TPO.

### **Next Steps**

- Key points and recommendations will be synthesized and provided back to Advisory Group for final comments.
- Presentation materials and meeting notes will be posted to EOHHS website.
- A poll will be generated via email to determine a regular meeting time for the Advisory Group.
- The next HIT Council – March 13, 2013, 3:30-5:00 One Ashburton Place, 11th Floor, Matta Conference Room